



EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY COMMITTEE MEETING
BAYHEALTH, KENT CAMPUS DOVER DE-PAVILION 1
FRIDAY, MARCH 08, 2019 1200-1400

Attendees:

Maricar Diaz	Crystal Mallory	Brent Waninger
Keith Fishlock	Jaymee Messick	John Tinger
Marilyn Mitchell	Beth McDonald	Trina Cale-Risario
Kelly Abbrescia	David Salati	Karen Cebenka
Tony Lee	Ken Glassford	
Tim Cooper	Suzanne Raab-Long	

ADVISORY MEETING MINUTES:

- MINUTES APPROVED BY: JOHN TINGER
- SECOND BY: MARILYN MITCHELL
- NO ADDITIONAL INFORMATION WAS SUBMITTED FOR ADDITION TO PREVIOUS MINUTES

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PRESENTATION –Department of Public Health:

"Children in Disasters" & "Pediatric Readiness"

Beth A. MacDonald

Vulnerable Populations Coordinator - Office of Preparedness

&

Tony Lee

EMS OFFICE UPDATE: NONE

NEW BUSINESS:

DIANE HAINSWORTH:

- Under the new funding announcement for the Hospital Preparedness Program there is a focus on the development of specialty surge annexes in each of the 5 funding years. For FY2019, the specialty surge annex to be developed and tested through exercises is Pediatrics. Subsequent years will focus on Burn, Infections Disease, Radiation, and Chemical annexes.

CRYSTAL MALLORY:

- THESE ARE THE NEW METRICS BEING MEASURED IN THE CURRENT SURVEY
 - **METRIC 1:** NEMSIS COMPLIANCES - PATIENT CARE REPORTING SYSTEM. AS OF JANUARY 18TH, INFORMATION WILL BE FED TO NEMSIS
 - **METRIC 2:** NUMBER OF AGENCIES THAT HAVE A PECC (PEDIATRIC EMERGENCY CARE COORDINATOR)
 - CURRENTLY THERE ARE 12 PECC REPS AMONGST THE EMS AGENCIES
 - 17.5% OF OUR 911 RESPONSE/TRANSPORT AGENCIES HAVE A DESIGNATED INDIVIDUAL WHO COORDINATES PEDIATRIC EMERGENCY CARE
 - 30% ARE INTERESTED IN ADDING OR PLANNING TO ADD IN THE NEXT YEAR
 - 51% HAVE NOT IS NOT INTERESTED IN ADDING A COORDINATOR.
 - **METRIC 3:** AGENCIES WILL HAVE A PROCESS IN PLACE FOR TRAINING WHICH ENTAILS EMS TO PHYSICALLY DEMONSTRATE CORRECT USE OF PEDIATRIC EQUIPMENT.
 - THERE WILL BE A NEW BIG SURVEY SENT OUT FOR ALL THE HOSPITALS IN 2019, MORE TO COME.

MEMBER AGENCY UPDATE:

- BAYHEALTH, SUSSEX CAMPUS:
 - IS NOW KNOWN AS BAYHEALTH, SUSSEX CAMPUS
 - The move that happened this week on the 5th of March is the big update and we are in the stabilization phase right now

- BEEBE
 - We recently conducted two simulation sessions in the SON simulation lab for pediatric intubations and umbilical catheter placement for Docs and PAs.

- A.I. DUPONT:
 - KEITH FISHLOCK:
 - Switch made to insulin pens from vials to promote safer practices in hospital, Humalog, Lantus and regular.
 - Pain Ease spray for IM, IV and phlebotomy have replaced J-tips in the ED
 - Social determinants of health, Children's Healthwatch vital sign (two item food insecurity screener) is now standard of care in the ED. Screened 6300 children in 10 weeks, 103 children were found to be positive and referred to services. 77% of these families had a successful connection with new community services within 30 days of discharge on telephone follow-up.
 - 2018 Injury Prevention outreach by Jenifer McCue impacted over 8000 children/families. Car seat safety, playground safety, thinkfirst for kids, yolo violence prevention, numerous educational programs
 - ESETT study has been completed Established Status Epilepticus Treatment Trial (ESETT) was a multicenter, randomized, double-blind, comparative effectiveness study of

fos-phenytoin, levetiracetam, and valproic acid in subjects with benzodiazepine-refractory status epilepticus.

- Work is underway for a psychiatric clinical pathway
- A clinical pathway for pediatric stroke has been completed (many stakeholders) and will be rolled out in first quarter of 2019
- NCMEC agreement completed, working on software integration for facial recognition

- MERICAR DIAZ:

- Friday 03/29/19 - Pediatric Skills Course for School Nurses
- Thursday 04/04/19 - Pediatric Emergency Medicine Skills Course for Registered Nurses
- Thursday 04/11/19 - Pediatric Emergency Medicine Skills Course for Pediatricians
- Thursday 05/16/19 - Pediatric Emergency Medicine Skills Course for Emergency Physicians
- Thursday 06/06/19 - Pediatric Skills Course for Respiratory Therapists

- BAYHEALTH, SUSSEX CAMPUS:

- MOVED INTO THE NEW FACILITY

- CHRISTIANA:

- Completed pediatric milestone yearly training
- Phase 2 of the pediatric mock code plan
- Pediatric IO training
- Pediatric mock codes q week
- L&D training with precipitous labor scenarios
- Adopted the "LINUS" blanket project
- Started looking at CT scans vs PECARN for 2018
- Community education on car seats and winter safety for pediatrics

- NANTICOKE:

- begun the process of affiliating with PRMC
- The ER physician group will change to the Apollo group in the spring.
- Completed EBOLA training in November and December.

- ST. FRANCIS:
 - We welcome Dr. Kenneth Glassford as our new Pediatric Physician Coordinator! Many thanks to Dr. Gibney for all her hard work over the years!
 - Several nurses completed the updated version of ENPC.
 - Mock pediatric code scheduled for mid-March

- WILMINGTON:
 - RP education for PRT - we now have neonatal delivery kits for <27-week, 27-32 week, and >32 week deliveries in the ED
 - We are doing education on labor and delivery (including documentation) at our mandatory education sessions in Feb
 - Staff education on pain ease use for IV/lab draws

- SMYRNA:
 - We recently had a peds simulation (in January) at Smyrna and the educators had opportunity to work together.
 - Bayhealth has a peds excellence committee that has recently begun. Smyrna will be joining in that.

- BAYHEALTH, KENT CAMPUS:
 - Is now known as Bayhealth, Kent Campus
 - PEDIATRIC CONTINUOUS INFUSIONS CHART
 - PEDIATRICS MED TEST

PEDIATRIC CONTINUOUS INFUSIONS

Drug	Standard Concentration	Location	Usual Dose Range: Continuous Infusion	Comments
Sedatives				
Fentanyl (premix)	1000 mcg/100 ml NS	A-pod	Neonates: 0.5 -1 mcg/kg/hr Infants/children: 0.5 – 1 mcg/kg/hr Max: 3 mcg/kg/hr	Start infusion after SLOW IVP Monitor: RR, chest rigidity with rapid administration
Midazolam (premix)	100 mg/100 ml NS	A-pod	Neonates (<32 weeks): 0.03 mg/kg/hr Neonates (>32 weeks): 0.06 mg/kg/hr Infants/children: 0.03-0.04 mg/kg/hr	Monitor: sedation, RR, BP, HR
Propofol (premix)	1000 mg/100 ml	A-pod and Trauma 1,2,3	Maintenance (> 2 months of age): Initiate @125-300 mcg/kg/min OR initiate @ 200-300 mcg/kg/min, then decrease to 125-150 mcg/kg/min after 30 min Max: 4 mg/kg/hr	Monitor: hypotension. Younger pediatric patient may need higher infusion rate than older patients. Decrease dose to maintenance if signs of light anesthesia are absent
Miscellaneous				
Morphine	100 mg/100 ml NS	From pharmacy (use preservative free morphine)	Neonates: 0.005-0.01 mg/kg/hr Infants/children: • 1-6 months: 0.01-0.03 mg/kg/hr • 6-12 months: 0.02-0.03 mg/kg/hr • 1-12 years: 0.02-0.03 mg/kg/hr	Monitor: resp depression, over sedation
Insulin Regular (IV)	100 units/100 ml NS	Mix in ER. Vial in fridge	0.05-0.1 Units/kg/hr	Monitor: blood glucose Loading dose is not recommended
Pressors				
Norepinephrine (premix)	8mg/250 ml D5W	A-pod	Initiate @ 0.05-0.1 mcg/kg/min Max: 2 mcg/kg/min	Monitor: BP and HR. Titrate slowly to avoid bradycardia and arrhythmias
Epinephrine (premix)	4 mg/250 ml NS	A-pod	Initiate @ 0.05-0.1 mcg/kg/min Titrate by 0.1mcg/kg/min Max Dose • Neonates: 2.6 mcg/kg/min • Children: 5 mcg/kg/min	Not first line; but preferred over dopamine in patients with circulatory instability and decompensated shock
Dopamine (premix)	400 mg/250ml	A-pod, Trauma 1 & 2	Initiate @ 1-5 mcg/kg/min MD: 2-20 mcg/kg/min.	Dose-dependent effects: 1-5 mcg/kg/min: Vasodilator 5-15 mcg/kg/min: Cardiac (β ₁) >15 mcg/kg/min: Vasoconstriction (α)

For IV push doses, please refer to Broselow Tape.

- Pediatric Excellence Team
 - Partnering with ED staff and Pediatrics
 - Working on improving our metrics
 - Flu swab education
 - Partnering with A.I. DuPont for pediatric codes and education
 - ED, pediatrics and education codes in all 3 emergency departments
 - Critical thinking lab: Pediatric trauma's

- Dates for 2019 Committee meetings will be as follows:
 - **MAY 07, 2019**
 - **AUGUST 13, 2019**
 - **NOVEMBER 05, 2019**
- **MEETING ADJOURNED**